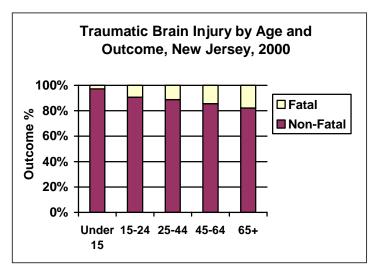


## MONTHLY HEALTH DATA FACT SHEET October 2003

## October is National Brain Injury Awareness Month

- Brain injury is an injury to the brain that occurs after birth and which is not hereditary, congenital or degenerative. Traumatic brain injury (TBI) can disrupt the normal functioning of the brain and is usually caused by a blow or jolt to the head. Each year in New Jersey there are about 7,500 TBIs resulting in hospitalization, and approximately 1,000 which result in fatalities. There are many more brain injuries treated in emergency departments, outpatient settings, or not at all.
- Concussions are a type of brain injury which many doctors describe as mild since they are usually not life threatening although there can be serious effects. Some symptoms to look for include worsening headaches, weakness, numbness, decreased coordination, slurred speech, uneven pupils and increased restlessness. One important point is that someone need not lose consciousness to have a concussion.
- TBIs range from mild to severe and may cause impairment of cognitive and physical abilities and can result in changes of behavior or emotional functioning. Significant effects from seemingly mild brain injuries sometimes do not appear immediately.
- The effects from brain injuries, even mild ones, can be long-lasting. These effects include problems with cognition, movement, sensation and emotion as well as seizure disorders such as epilepsy.
- The leading cause of TBI is vehicle crashes, including those involving automobiles, bicycles, and recreational vehicles. The second and third leading causes are falls and firearm use. Medical events, aneurysms, infections, tumors or strokes can also cause brain injuries.



- The percent of TBIs that are fatal increases with age. By age, the TBI rate is highest for New Jerseyans who are 85 or older: 529.4 per 100,000 population.
- Self-inflicted TBIs, such as gunshots to the head, are by far the most lethal with 76.2% resulting in death.
- Men are almost seven times as likely as women to receive a TBI due to an assault. The age-adjusted rate per 100,000 population is 14.3 for males and 2.1 for females.
- Black non-Hispanics are slightly more likely than both Hispanics and White non-Hispanics to sustain a TBI due to a motor vehicle traffic crash (ageadjusted rates of 38.6, 33.8 and 29.0 per 100,000 population, respectively).
- According to the Youth Risk Behavior Survey (YRBS), approximately 28% of New Jersey teens report never or rarely wearing a helmet while riding a motorcycle. Also, at least 80% of teens in 9<sup>th</sup> grade and older, report not wearing a helmet while biking.

- Treatment for TBI may involve surgery to control bleeding in and around the brain followed by monitoring and controlling intracranial pressure to ensure adequate blood flow to the brain.
- Some strategies to prevent TBIs include increasing helmet use during recreation and sports activities, preventing falls
  among children and older adults,, enhancing violence-prevention programs, increasing the use of child safety seats and
  seat belts, and reducing alcohol- and drug-related driving.

For more information about Traumatic Brain Injury and Prevention contact the **Brain Injury Association of America** or the **Brain Injury Association of New Jersey** 

For further information on TBI and research being conducted contact <u>The National Institute of Neurological Disorders and Stroke</u>

Sources:

## **Brain Injury Association of New Jersey**

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control: Traumatic Brain Injury Fact Sheet

**Facts about Concussion and Brain Injury** 

National Center for Chronic Disease Prevention and Health Promotion: Youth Risk Behavior Surveillance System, 2001

New Jersey Department of Health and Senior Services

Center for Health Statistics: Central Nervous System Surveillance Data

National Institutes of Health, National Institute of Neurological Disorders and Stroke

Traumatic Brain Injury Information Page





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